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Bib Data Sheet

CONFIRMATION NO. 4183

SERIAL NUMBER 10/782,354	FILING DATE 02/19/2004 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. RD39/17
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APPLICANTS

Steven D. Ritchie, St. Petersburg, FL;

Harlie David Reynard, Madeira Beach, FL;

** CONTINUING DATA *****

This application is a CIP of 10/060,997 02/01/2002 ABN

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/13/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
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ADDRESS

49716

EDWARD P. DUTKIEWICZ, ESQ.

EDWARD P. DUTKEIWICZ, P.A.

640 DOUGLAS AVENUE

DUNEDIN , FL

34698-7001

TITLE

Sexual aid

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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